

**2010 MADISON COUNTY UNIFIED COURT  
JURY QUESTIONNAIRE**

Juror Number: **UJ**

**Court Order To:**

You are hereby ordered to answer and return this jury questionnaire within 10 (ten) days. Failure to do so, without good cause, may subject you to a possible contempt of court.



Magistrate Madison County Unified Courts

«FirstName» «LastName»«Suffix»  
«AddressLine1»  
«City», «StateCode» «Zip»

Return to:

**UJ «JurorNumber»  
MADISON COUNTY UNIFIED COURT  
MADISON GOVERNMENT CENTER  
16 E 9TH ST BOX 417  
ANDERSON, IN 46016-9928**

Please complete only if your name and/or address have changed

**\*PLEASE PRINT AND USE BLACK INK\***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Change of Address

Last 4 digits of Social Security Number (required): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**QUALIFICATIONS:**

Are you a citizen of the United States? Yes ☐ No ☐

Are you a resident of Madison County? Yes ☐ No ☐

Are you under the age of 18? Yes ☐ No ☐

Do you read, write, speak and understand the English language? Yes ☐ No ☐

Are you under a sentence imposed for a felony offense?

If yes, Court & Cause number: \_\_\_\_\_ Yes ☐ No ☐

Are your voting rights revoked? Yes ☐ No ☐

Are you under a guardianship for mental incapacity? Yes ☐ No ☐

Are you sole caregiver for a disabled person living in your home? Yes ☐ No ☐

Do you suffer from a mental or physical disability? Yes ☐ No ☐

Are you age 75 or older and willing to serve? Yes ☐ No ☐

**UJ** **Juror Number** *This is a questionnaire, **NOT** a summons for jury service. Your name has been drawn by random selection from the State's list of residents in Madison County. You are being considered for jury service. This is a way of obtaining (for court USE only) some information about you from which we can determine whether you can serve as a juror pursuant to state law. If we find you can serve as a juror, you will be notified by summons, and provided with additional information at that time.*

**«AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE ANSWERS TO ALL QUESTIONS ARE TRUE AND CORRECT.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

-----CONTINUED ON BACK-----

# Madison County Unified Court

## Jury Questionnaire

**\*ORDER TO COMPLETE WITHIN 10 (TEN) DAYS\***

*\*Please print and use black ink\**

1. Marital Status:  
Married ☐ Separated ☐ Widower/Widow ☐ Single ☐ Divorced ☐
2. How long have you continuously lived in Madison County and/or the State of Indiana? \_\_\_\_\_
3. Have you served on a jury within the past 2 years? Yes ☐ No ☐  
a. If so, please state the name of the court and the approximate date \_\_\_\_\_  
\_\_\_\_\_
4. What is the extent of your education?  
Grade School ☐ High School ☐ College ☐ Post Graduate ☐ Other ☐  
a. If you are a student, where are you currently enrolled? \_\_\_\_\_
5. State your present occupation and employer: \_\_\_\_\_  
\_\_\_\_\_
6. What other occupations have you had during the past ten years? \_\_\_\_\_  
\_\_\_\_\_
7. If you are married, list your spouse's present occupation and employer: \_\_\_\_\_  
\_\_\_\_\_
8. Do you or your spouse work for or have worked for an insurance company? Yes ☐ No ☐  
a. If so, please state the name of the company. \_\_\_\_\_
9. Have you or any member of your immediate family been a party to a lawsuit? Yes ☐ No ☐
10. Has a claim for personal injury ever been made against you, or have you ever made any claim for personal injury? Yes ☐ No ☐
11. Have you or any member of your immediate family been convicted of, pled guilty to a state/ federal crime punishable by imprisonment? Yes ☐ No ☐
12. Are any such criminal charges pending against you? Yes ☐ No ☐
13. Have you, a family member, or close friend been a victim of a crime? Yes ☐ No ☐  
a. If yes, without going into detail, what was the nature of the crime? \_\_\_\_\_
14. Are you related to, or close friends with a law enforcement officer? Yes ☐ No ☐
15. Are you an employee, the spouse, or child of an employee of the department of corrections whose duties require contact with inmates confined in a department of corrections facility? Yes ☐ No ☐
16. Do you drive an automobile? Yes ☐ No ☐
17. List organizations or clubs to which you belong: \_\_\_\_\_
18. Do you have religious convictions or conscientious scruples that would prevent you from participating in jury service? Yes ☐ No ☐
19. If you are expected to be out of town on business, vacation or for any other purpose, please indicate the dates and reasons: \_\_\_\_\_  
\_\_\_\_\_

(SIGNATURE) \_\_\_\_\_

(PRINTED NAME) \_\_\_\_\_

**UJ «JurorNumber»**